



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 142200001

CITY OR TOWN WEST TISBURY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HICKLIN-JONES LLC

DOING BUSINESS A LAMBERT'S COVE INN & RESTAURANT

ADDRESS 90 MANAQUAYAK ROAD

CITY/TOWN: WEST TISBURY

STATE: MA

ZIP CODE: 02575

MANAGER: JONES, SCOTT J.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

LAMBERT'S COVE INN IS A 70 SEAT RESTAURANT WHICH HAS BEEN IN BUSINESS SINCE 1970 ON MARTHA'S VINEYARD, UNDER CURRENT OWNERSHIP SINCE 2005. THE RESTAURANT IS LOCATED WITHIN THE INN. THERE IS ONE MAIN ENTRANCE TO THE RESTAURANT THROUGH THE FOYER AND THREE EXITS, ONE IN THE MAIN DINING ROOM, THE LIBRARY DINING ROOM AND ONE PRIVATE DINING ROOM TOTALLING APPROX. 2,000 SQ.FT., THE AREA TO BE LICENSED INCLUDES THE KITCHEN AND BASEMENT WHERE BEER AND WINE WILL BE STORED AND COMMON AREAS WHICH MAY BE OPEN DURING PRIVATE FUNCTIONS WHEN THE RESTAURANT IS CLOSED TO THE GENERAL PUBLIC.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 142200002

CITY OR TOWN WEST TISBURY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: STATE ROAD RESTAURANT, LLC

DOING BUSINESS AS STATE ROAD

ADDRESS 688 STATE RD

CITY/TOWN: WEST TISBURY

STATE: MA

ZIP CODE: 02575

MANAGER: KENWORTH,
JOHN J

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MAIN DINING ROOM FIRST FLOOR, SIDE PORCH, FRONT ROOM, COAT ROOM, FENCED GARDEN AND KITCHEN. BASEMENT FLOOR INCLUDING STORAGE ROOM AND LOCKED STORAGE ROOM

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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APPROVED: ☐

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By:

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